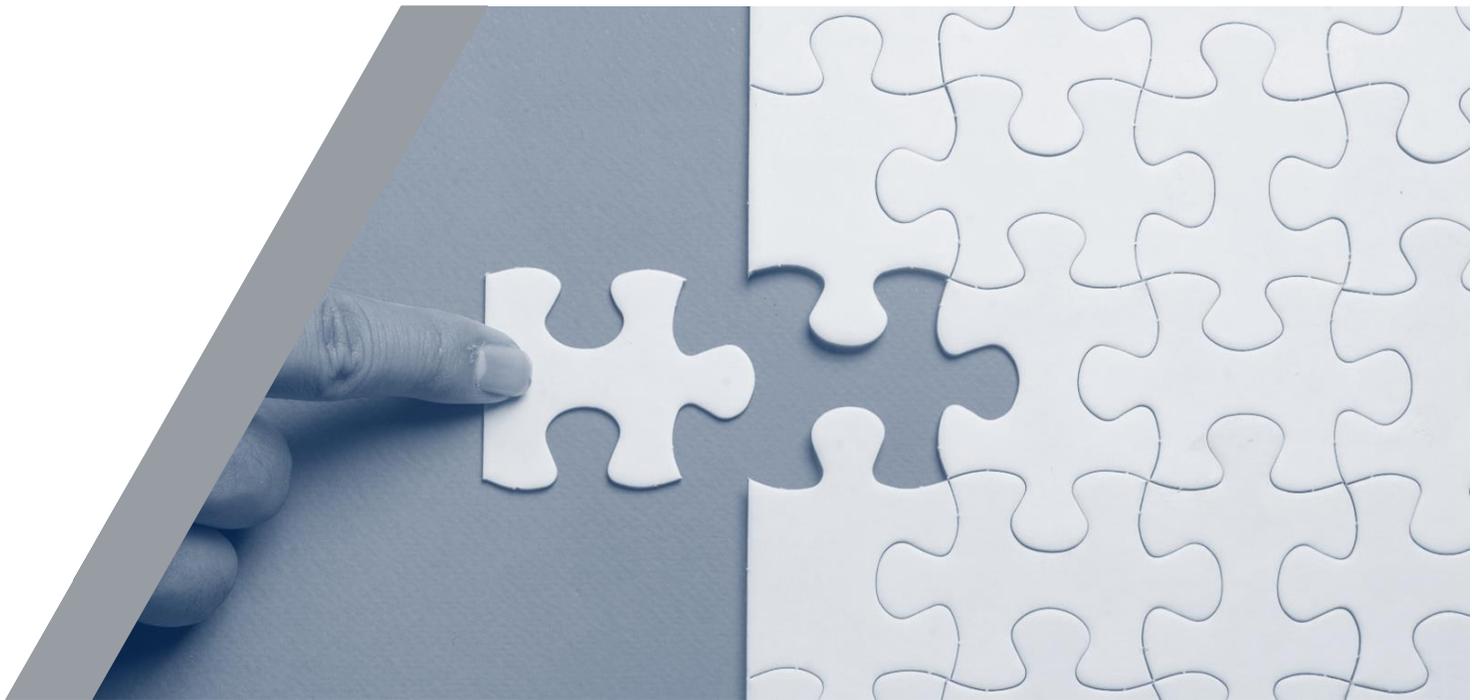


REDUCING THE BURDEN OF FEES

AN EVALUATION OF TWIN FALLS COUNTY ADULT MISDEMEANOR PROBATION'S SUBSTANCE ABUSE TREATMENT VOUCHER PROGRAM



Idaho Statistical Analysis Center
Planning, Grants, & Research
Idaho State Police

Reducing the Burden of Fees: An Evaluation of Twin Falls County Adult Misdemeanor Probation's Substance Abuse Treatment Voucher Program

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Published: November 2022

This project was supported by Subgrant No. 20BJ1878 awarded by the state administering office for the Bureau of Justice Assistance, U.S. Department of Justice's Edward Byrne Memorial Justice Assistance Grant Program. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the state or the U.S. Department of Justice..

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EXECUTIVE SUMMARY

In response to a critical need of the clients they serve, Twin Falls County Adult Misdemeanor Probation began a program to offer vouchers for clients with financial need in 2007. Vouchers are paid for with funding from the Edward Byrne Memorial Justice Assistance Grant Program and can be used for required pieces of probation including drug testing, substance abuse treatment, and assessments. The goal of providing these vouchers is to reduce the burden of fees for clients who cannot afford to pay for their required conditions and ultimately to reduce recidivism of drug- and/or alcohol-related offenses. Clients are also able to access treatment providers that they may otherwise not be able to afford. This evaluation presents the Idaho Statistical Analysis Center's (ISAC) review of the program through data collected by Twin Falls County Adult Misdemeanor Probation between October 2018 and September 2021.

Program Highlights



94 CLIENTS

TOTAL PROVIDED WITH
AT LEAST ONE VOUCHER



2,606 HOURS

OF TREATMENT PROVIDED
TO CLIENTS

- ❖ 94 clients were accepted into the program over a 3-year period from October 2018 to September 2021
- ❖ 66% of clients graduated successfully (excluding those successfully discharged or not complete at study end)
- ❖ 8.2% recidivism rate among successful graduates based on new drug and/or alcohol related offenses within six months of graduation (compared to 10.2% for the comparison group)

*VOUCHERS
PROVIDED*

90

Drug testing

75

Substance abuse
treatment

40

Assessment

Key Recommendations



EVALUATORS SHOULD WORK WITH PROGRAMS AND STAKEHOLDERS TO IMPROVE DATA QUALITY



PERFORM A MORE RIGOROUS EVALUATION WITH A LONGER FOLLOW-UP TIME

- ❖ Two major limitations of this evaluation are related to data quality and the follow-up time for measuring recidivism.
- ❖ More information is needed for both clients who participated in the program and those who are being included in the comparison group. This study did not account for potential confounding effects of substance abuse treatment received by participants and non-participants that was obtained outside of the program, nor did it include information on comparison group members about substance use disorders (or potential lack thereof), or their financial situation. These factors, and others, may be contributing to the results observed in this evaluation, but more data is needed to investigate those aspects further.
- ❖ The short time frame used here to evaluate recidivism could be the reason a non-significant difference was observed between program clients and the comparison group. Although a six-month window may hold practical significance for program stakeholders, six months is often not long enough to observe a recidivism event, especially when that event is based on new charges. A more rigorous study should include a longer follow-up period to confirm that the reduction in recidivism observed in this study holds up over a longer time frame.

BACKGROUND

In 2007, Twin Falls County's Adult Misdemeanor Probation and DUI Court identified a critical gap in the treatment of low-income clients with substance abuse disorders. A portion of their clients were unable to pay for vital pieces of their rehabilitation including assessments, drug testing, and treatment. To address this gap, Twin Falls County Adult Misdemeanor Probation, in partnership with the Fifth Judicial District Court and approved treatment providers, sought grant funds that have been used for more than a decade to provide evidence-based substance abuse treatment, drug testing, and Global Appraisal of Individual Needs (GAIN) assessments to clients who were unable to qualify for assistance or afford treatment themselves. The goal of providing this assistance is to improve access to these services and ultimately prevent recidivism.

Clients are screened for eligibility before being admitted into the program. The criteria for eligibility includes being low-income and medium-to-high risk for dependence or addiction to drugs or alcohol. After a client is found to be eligible, they are provided with vouchers for services based on their individual needs. Vouchers are provided to cover fees for three key services: drug testing, GAIN assessments, and substance abuse treatment costs.

As part of probation terms, many clients are required to comply with regular drug testing, along with assessments and treatment deemed appropriate. These conditions generally include fees that can be difficult for the client to cover, especially considering they are likely to be responsible for other fees or fines during their probationary period. Fees are typically used to reimburse the state for the administrative costs of probation. In one study, probation fees were found to increase the likelihood of recidivism, but there is still limited evidence that fees impact probation outcomes overall (Iratzoqui & Metcalfe, 2017; Ruhland et al., 2020). Fees have also been identified as one of the tougher conditions of probation by clients based on the impact fees may have on client's ability to pay for other needs they or their family may have (Ruhland, 2021). Probation fees become difficult when individuals see a large amount of their income going towards these required fees based on their conditions (Ruhland, 2021). Drug testing is a standard condition for those with an identified substance abuse problem who enter probation, but the amount or frequency of the testing may vary from client to client.

The GAIN-SS assessment is a standardized bio-psychosocial tool that is administered by a trained clinical interviewer and is comprised of four key domains. These assessments are typically court-ordered short screeners utilized to identify client needs. The four domains assessed in this version of the instrument include internalizing disorders, externalizing disorders, substance disorders, and crime and violence (Chestnut Health Systems., 2017). This assessment provides treatment recommendations for substance use and/or mental health treatment based on the clients' needs. GAIN-SS assessments are used in conjunction with the Level of Service Inventory-Revised (LSI-Rs) and motivational interviewing to gather the best possible information about the client and improve service selection.

Treatment providers that agree to participate in this program are required to utilize evidence-based treatment practices. These providers report back the type of treatment as well as the dates they provided treatment. The providers typically utilize Matrix Intensive Outpatient Treatment (Matrix IOP) and Moral Reconciliation Therapy (MRT) to assist their clients. Matrix IOP integrates many evidence-based therapies including individual and family therapies, 12-step programs, and cognitive behavioral therapy. MRT is a cognitive-behavioral based program that seeks to reduce recidivism by restructuring the decision-making process of clients. Without the assistance to pay for treatment that this grant provided, many clients

would likely not be able to access services or would have to choose between personal needs and payments for the imposed conditions.

Twin Falls County Adult Misdemeanor Probation has been administering this program since 2007 with Byrne JAG¹ grant funds passed through the Idaho State Police's Planning, Grants and Research Department (ISP PGR). This report presents results of analyses conducted by the Idaho Statistical Analysis Center (ISAC; a component of ISP PGR) with data collected by Twin Falls County Adult Misdemeanor Probation between October 2018 and September 2021. The goal of this evaluation was to describe the characteristics of the program's clients, the types of services they received through the program, the outcomes those clients experience (including graduation from the program and recidivism), and whether those outcomes differ from others in Twin Falls County who have been convicted of drug and/or alcohol crimes who were not program clients. Taken together, these analyses were meant to provide the full picture of how the program functions, who it serves, and how effective it is in providing those services.

¹ The Edward Byrne Memorial Justice Assistance Grant (Byrne JAG) Program is a federal formula grant program that provides funding to states and local governments for programs in seven broad areas of the criminal justice system. Twin Falls County's program is funded through a Byrne JAG sub-award administered by the Idaho State Police's Planning, Grants & Research Department (the State Administering Agency for Idaho's Byrne JAG funds) under the "Drug Treatment and Enforcement" program area.

DATA COLLECTION AND ANALYSIS METHODS

Data collection was completed by Twin Falls County Adult Misdemeanor Probation through a single Excel workbook. The workbook included multiple sheets representing stages and each voucher in the program including screening, discharge, recidivism, treatment, assessments, and drug testing. General demographics were collected at the time of screening including gender, age, education level, employment status, income, and the current offense. Some of these items were utilized to determine eligibility for the program. After a client was screened into the program, basic information of their continued use of the services provided were recorded. Voucher usage Information included the dates of assessments, the frequency of drug testing, and the frequency and type of treatment accessed.

Clients discharge information was recorded as failed, graduated, or discharged successfully. Successful discharges include clients who either moved out of the county, were moved to unsupervised probation, or gained alternative means of covering their expenses (such as Medicaid). Clients who graduated the program successfully were checked for recidivism 6 months after their graduation date. For this evaluation, recidivism included new charges of crimes related to drugs and/or alcohol only. This definition of recidivism was defined as a goal for the program by Twin Falls County Adult Misdemeanor Probation. The goal for the program was specifically stated as “prevent 75% of adult misdemeanor probationers with a substance abuse disorder from committing a similar offense within six months of successful treatment completion.”

Beyond examining the clients who were screened into the program, information was provided for the creation of a comparison group of clients who were not screened into the program. LSI-R scores were provided for almost all of the clients (n=87) who were screened as well as all other clients (n=518) under supervision during the evaluation period. The LSI-R is an instrument that focuses on ten domains that are related to recidivism including the following: criminal history, education/employment, alcohol/drug problems, companions, emotional/personal, family/marital, attitudes/orientation, accommodation, leisure/recreation, and financial. These assessments may be repeated at different stages of client involvement in the criminal justice system, but they are commonly completed at the beginning of their probation or parole period. In Twin Falls County, LSI-R assessments are completed for every client entering probation. Assessment results are converted into scores that, in Idaho, are grouped in the following risk groups: Low (0-15), Low/Moderate (16-23), Moderate/High (24-30), High (31-50). Higher scores indicate an increase in the propensity to recidivate. The LSI-R, in relation to rearrest, has been observed to have both predictive and dynamic validity (Labrecque et al., 2014; Vose et al., 2013). The Idaho specific score ranges are validated for Idaho’s population every 5 years by the Idaho Department of Correction (IDOC) to further assure the continued validity of this instrument.

There were many clients supervised during the same time period that were not screened into the program. To allow for some comparison, information was provided for these clients including the overall LSI-R scores and names. These names were then used to search in the iCourt database, Idaho’s searchable, online court records system. From this system, birth year was collected along with release from supervision which was then used to assess 6-month recidivism. Of the 518 clients provided for creation of a comparison group, ten had to be removed for lack of ability to find a match in iCourt. These individuals were unable to be found due on common names, or names that did not exist in the iCourt system. There was also a large group of clients who did not have charges related to drug and/or alcohol

offenses. Those without a drug and/or alcohol related offense were removed from the potential comparison group., leaving 390 in the comparison group to match to.

Matching

One-to-one matching was completed based in the key information that was available for both groups: age and initial LSI-R score. First, clients who graduated from the program were matched with clients that were not screened into the program based on exact age and overall LSI-R score. Of the 49 clients who graduated and had available LSI-R scores, 13 were able to be matched exactly on LSI-R score and age. If this was not possible, matching was based on the closest in age who had the same LSI-R score, this resulted in an additional 24 matches. LSI-R was considered the more important variable to match on because of all of the information that this score represents for each individual. The LSI-R score considers evidence-based domains of client risk to recidivate, and thus serves as a suitable matching variable in the examination of recidivism. If there still was not a suitable match based on these criteria, the next closest in age and score was matched with the treatment group, completing the remaining 12 matches. The largest LSI-R score difference for a match was 2, with only one client matching with someone with a two-score difference and 11 matching with a one score difference. After matching was complete, those from the compassion group with a match were selected to make up the final comparison group for comparison of recidivism rates.

RESULTS

Client Descriptives

Clients of the program included 26 females and 68 males, with a mean age of 35 years. The majority of clients, (38, 40.4%) had a high school diploma, 36 (38.3%) had less than a high school diploma, and 20 (21.2%) had some college or above. The majority (46.8%) of the clients were employed full time, while 29.8% were unemployed when screened into the program. The average income for all clients was \$893.50 per month and for those employed full-time, the average income was \$1592.80 per month. LSI-R scores were provided for almost all of the clients (87) who were screened. Of these clients, the overall mean score was 20.45 and the score range was 5-40. Individual domain scores were not made available. The most common current offense for clients was DUI (39.4%), followed by possession of marijuana (16.0%), and possession of a controlled substance (10.6%).

Figure 1

The majority of clients screened into the program were *male*, *employed full-time*, and had a *high school diploma*.

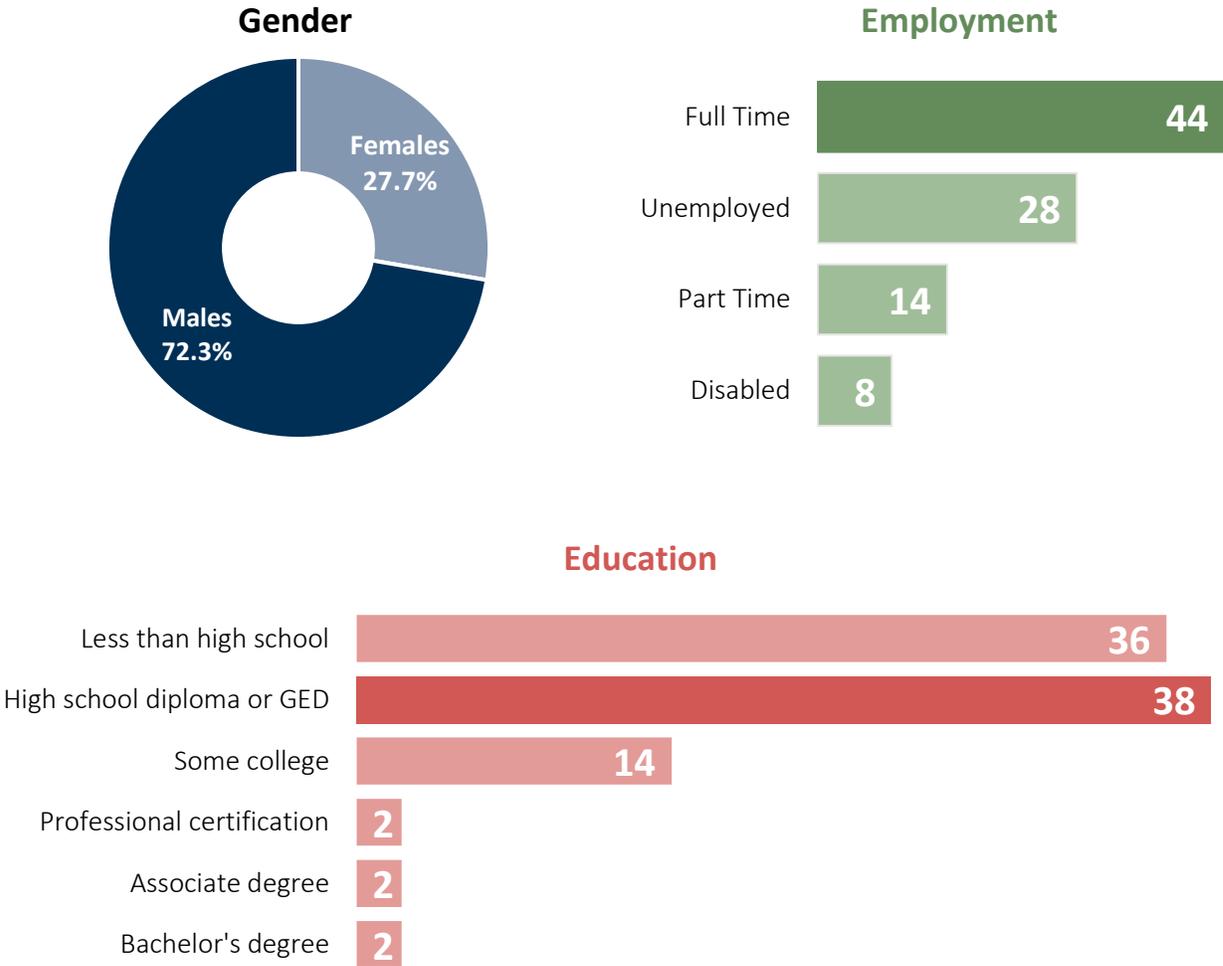
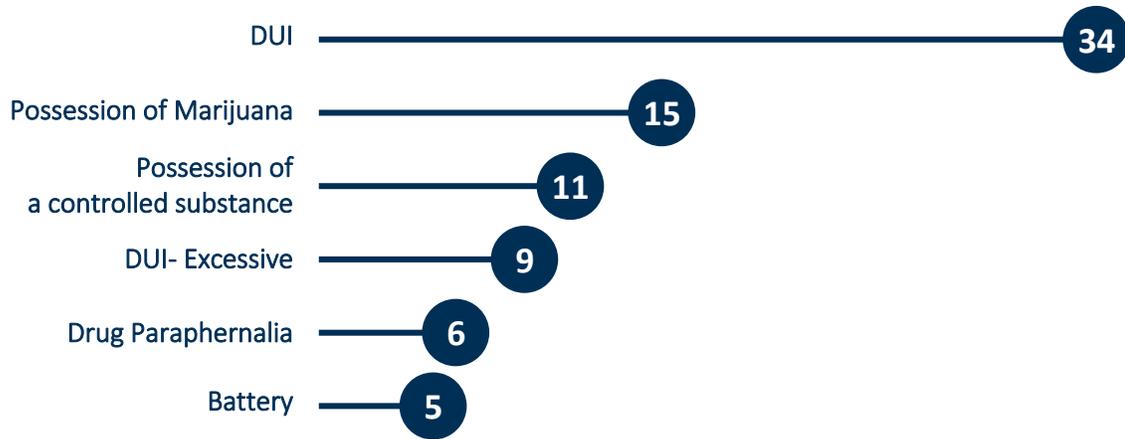


Figure 2.
Driving while Under the Influence (DUI) was the most common offense when clients were screened into the program.



Voucher Distribution and Usage

Of the 94 clients screened into the program, 90 received vouchers for drug testing, 40 for Global Appraisal of Individual Needs (GAIN) assessments, and 75 for substance abuse treatment and/or co-occurring treatment. Many of the clients received some combination of vouchers, with 28 clients receiving all three. The largest group of clients (43) received drug testing and treatment vouchers, while 11 received drug testing and assessment vouchers only. Only one client received an assessment and treatment voucher with no testing voucher. Of the clients that received only one voucher, 8 received a drug testing voucher and 3 received a treatment voucher only. No one received only an assessment voucher.

Of the 90 clients with drug testing vouchers, the majority (47) were required to test two times per week. The frequency of required testing ranged from once per week (26 clients) to two times per month (3 clients). Forty vouchers were given for GAIN assessments, and 35 clients completed at least one assessment (2 of these clients had an additional assessment completed). Five clients did not complete the assessment for various reasons with one not complete due to incarceration, one client had additional funding that covered the cost, and three were not yet complete at the end of the study period. Of the 90 clients who were provided vouchers for drug testing, 57 remained compliant, 29 were non-compliant, and 4 had not started their testing by the end of the study.

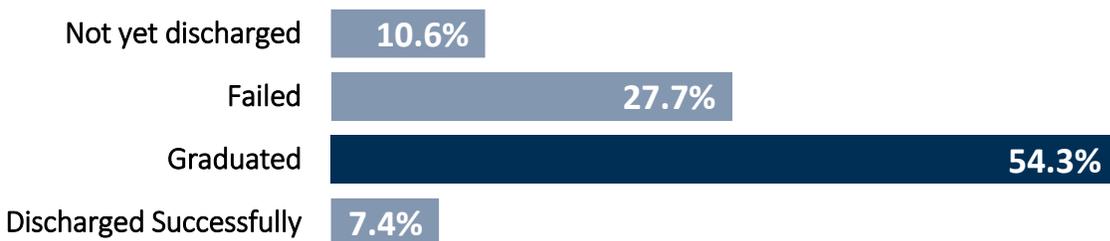
Treatment vouchers were provided for 75 clients. Twelve of these clients had no treatment data reported back from providers. For the 63 clients with reported data, the average number of treatment hours provided per person was 41.36 hours. The average number of sessions provided was 24, and the average number of treatment days per person was 102. Treatment may have also continued after the study period and thus these averages are limited to the study timeline (October 2018 to September 2021). The total number of treatment hours provided by vouchers during the study period was 2,605.97 hours over 1,479 sessions with various providers who agreed to participate in the program.

Outcomes

From October 2018 to September 2021, 94 individuals were screened into the program. Of the clients screened in, 10 had not completed the program by the time the final data was collected, 7 were discharged successfully², 26 failed the program, and 51 graduated (see Figure 3). The majority of those who failed, failed due to incarceration following probation revocation (66%). Another 11.5% of clients failed due to warrants being issued for their arrest. The remaining 19% did not complete the program and therefore failed.

Figure 3.

Of the 94 individuals screened into the program, 54.3% graduated successfully.



There were some differences between those who failed the program and those who graduated (see Figure 4). The 51 clients who graduated were compared to the 26 clients who failed through t-tests for continuous attributes (age, income, and LSI-R score) and chi squares for categorical attributes (gender, education, and employment). Five clients (3 who failed and 2 who graduated) were missing their LSI-R scores and thus had to be excluded from analysis of these scores. As expected, the client's LSI-R scores were negatively related to graduation, meaning those with higher LSI-R scores were more likely to fail the program. Clients who graduated from the program had a lower mean LSI-R score of 17.51 and clients who failed had a higher average LSI-R score of 25.39.

Other significant differences between successful clients and clients who failed include the mean age at screening and gender. The mean age of those who failed was 31.12 years and the mean age of those who graduated was 37.86 ($p < .05$). A significantly greater percentage of female clients successfully completed the program (85.7% of females) as compared to males (58.9% of males) ($p < .05$).

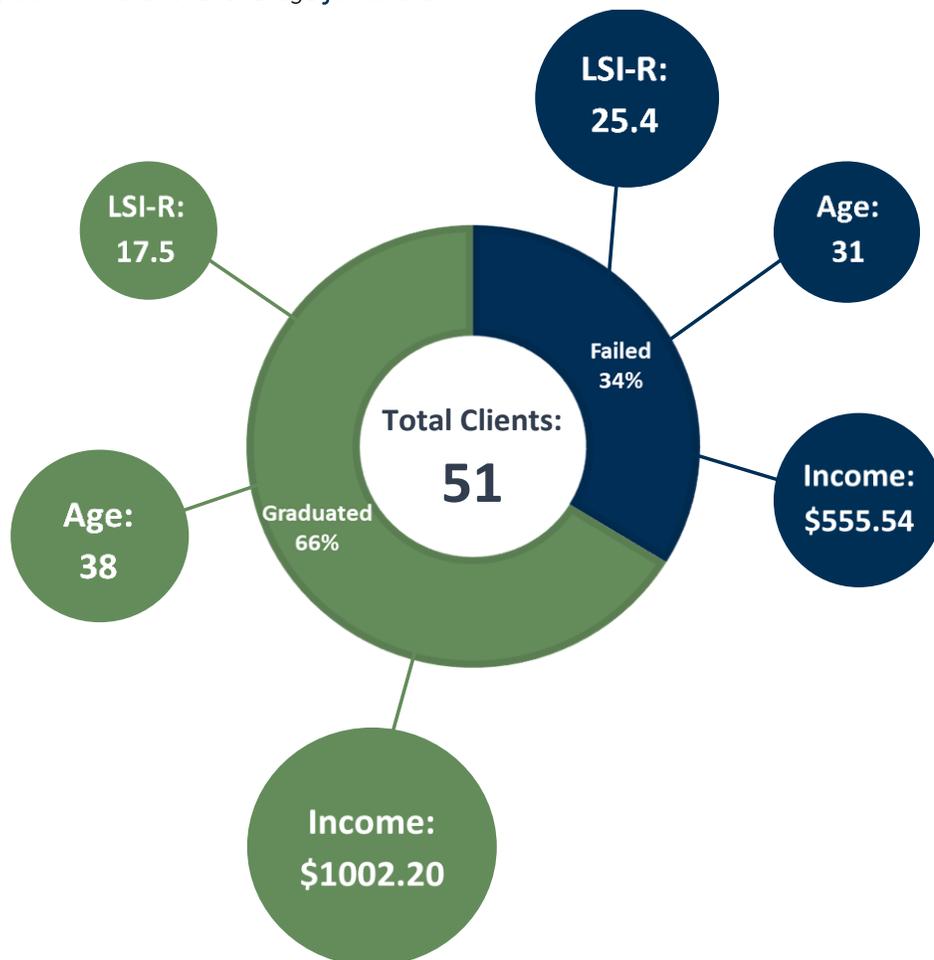
Unsignificant, but perhaps practical, differences were observed in employment in relation to successful graduation. Of those who had full-time employment ($n=36$), 75% graduated successfully. Of those who were unemployed ($n=22$), only 59.1% graduated successfully. While this difference was not statistically significant, this relationship may be important and should be further investigated. There was also a difference, although not significant, between monthly net income in the groups with the average for the graduating clients being \$1002.20 and the average for those who failed being \$555.54. Comparison of these characteristics to clients who fail their probation in general could provide useful context to this

² The discharged successfully category includes clients who moved out of the county, moved to unsupervised probation, or who received alternative funding, such as Medicaid, to cover their treatment and testing costs.

analysis. It is unknown if these characteristics are similar to those who fail probation generally or are specific to this program.

Figure 4.

Average graduated client vs. average failed client

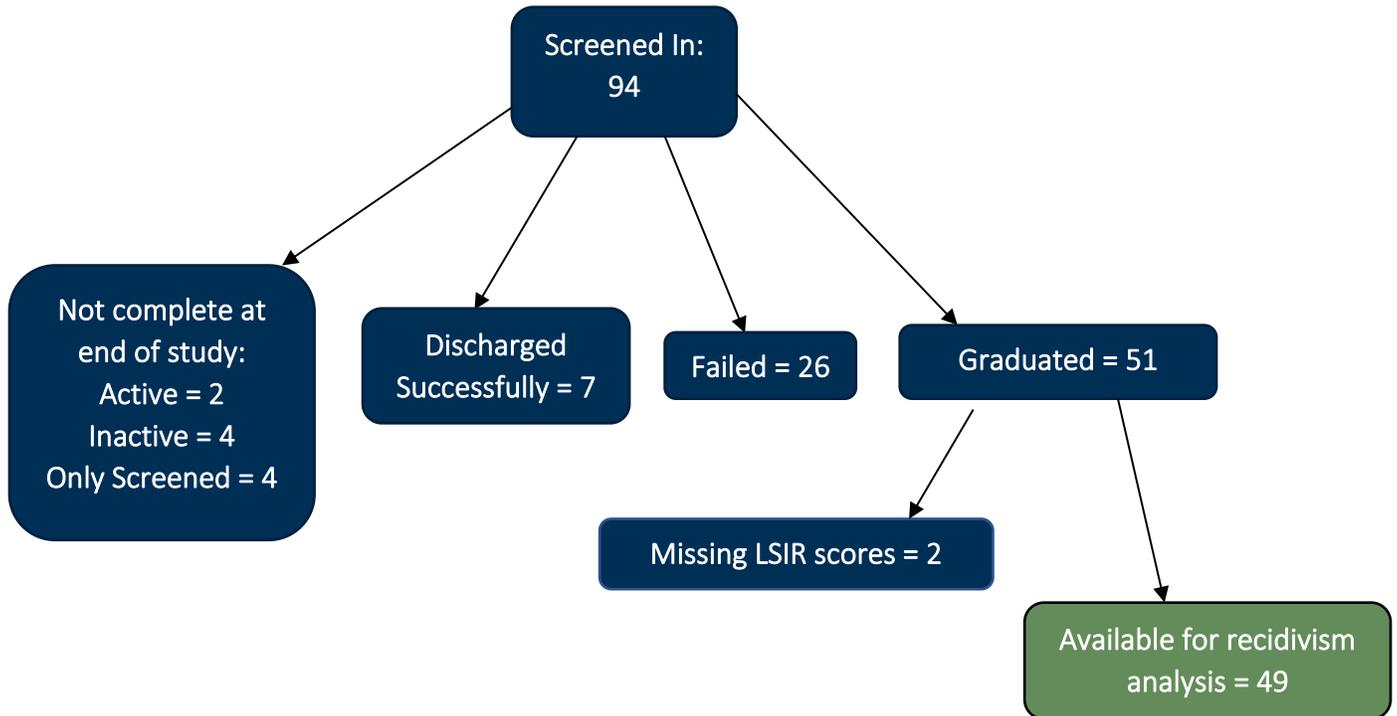


Matched Groups and Recidivism

Forty-nine clients who successfully graduated and had recorded LSI-R scores (see Figure 5) were matched to similar clients who did not participate in the program. There was little available information about the comparison group made available for the matching process. Even so, comparisons were made based on LSI-R score, age, and type of offense. Even though only the overall LSI-R score was available, these scores are useful for matching because they reflect multiple domains of the client's life. After the matching process, the groups were compared to assure that a similar group was selected. The age and LSI-R scores of each group were practically the same with the comparison group having an average age of 37.92 and an average LSI-R score of 17.55. The treatment group had an average age of 38.16 and average LSI-R score of 17.51. The top offense types for the comparison group were also similar to the treatment group with the majority of offenses being possession of marijuana (33%), DUI (31%), and DUI excessive (29%).

Figure 5.

While 51 clients graduated, complete follow-up data was only available for 49 clients.



The desired outcome, a reduction in recidivism, was based on observations of new drug and/or alcohol related offenses for both groups. In the examination of the 6-month period after graduation or release, the treatment group had a recidivism rate of 8.2% (4 individuals) and the comparison had a recidivism rate of 10.2% (5 individuals). This small difference was not statistically significant. Unfortunately, there was no way to measure the types of treatment, assessments, or testing that the comparison group participated in to compare dosage between groups. The difference in the two groups for this evaluation was only the introduction of vouchers to assist in paying for services. It is possible that the comparison group received assistance to pay for these services or were able to pay thorough other means. It is unknown if the burden of fees differed for the two groups in a meaningful way for the client.

Limitations

There were a few challenges that limit the findings of this evaluation. First, by design of the program, there were likely inherent differences in the clients selected into the program and those who did not qualify. Clients were selected into the program based on financial need and there was no way to determine the characteristics of those not selected into the program, beyond their overall LSI-R score. While LSI-R scores do consider multiple domains of a client’s life, making them a valuable piece of information, there are other certainly other factors that may impact recidivism. Unfortunately, because researchers were limited to the overall score without a further breakdown or more data, it was difficult to assess the similarities and differences between those screened into the program and those not selected.

Another difficulty arose with the measurement of recidivism. In identifying and determining the recidivism of the comparison group, the ISAC had to rely on records from the public iCourt portal. In the initial identification stage, comparison group members were included if they had a drug and/or alcohol related offense prior to the reported LSI-R score. There is potential that some individuals were eliminated at this stage who did have a substance abuse disorder, or who were included for comparison who did not have a substance abuse disorder. Using the charges reported in iCourt served as the best indicator of a substance abuse disorder available but can be incorrect. There is potential that charges do not reflect underlying problems. As further evidence of this limitation, some of the clients in the treatment group had charges reported that were not related to drug/alcohol offenses but were assessed to be eligible for the program based on other measures. Finally, those who failed the program were not measured for this definition of recidivism even though it is possible that their failure was due to a new drug or alcohol related offense. In an effort to simulate this measurement in the comparison group, recidivism for the comparison group was measured after release from supervised probation.

Using iCourt for recidivism may also introduce issues as this database is only as up to date as the information entered into it. While it seems that the Twin Falls County Court is fairly quick to enter their data, there is potential that recidivism may have been missed if the data was not entered into the public system. Court processing times also add complexity to this measure as the only dates to compare to in regard to the selected comparison group were the LSI-R dates. These dates can vary based on when the LSI-R was completed as well as the court processing times. Dates for measuring recidivism were also based on supervised release dates in iCourt, which may not accurately reflect release or may be delayed. While care was taken to assure the correct cases were considered for both the initial charges and the recidivism measurement, this was an added layer of complexity that may have introduced error.

Some of these limitations could have been mitigated if the researchers had access to more data for the comparison group. The screening data for all clients considered would have allowed for a better comparison of those who were screened in and those who were not. Unfortunately, data was only collected and available for clients who were deemed eligible and given at least one voucher through the program. In order to better understand the true impacts of providing the vouchers, some sort of comparison group was needed. It also may have been beneficial to gather data from the clients receiving the vouchers to understand if they felt less of a burden of fees due to the program. As fees can cause strain, it would be useful to know if there was a decrease in strain and if that then had any impact on their success moving forward.

This evaluation also utilized a fairly short follow-up time for measurement of recidivism. This time frame was based on the goal of the program, to reduce recidivism in the 6 months following treatment. This time frame may have been useful to the agency but extending this time frame may have highlighted successes and failures beyond the 6-month observation period. While recidivism definitions and time-frame measurements certainly vary from study to study, many studies examining recidivism after substance abuse treatment utilize at least a one-year follow-up period (Evans et al., 2011; Kopak et al., 2016; Linhorst et al., 2012). There is potential that the short frame of follow-up for this evaluation failed to measure the more long-term effects that this program may have had on recidivism.

CONCLUSIONS AND POLICY RECOMMENDATIONS

This project illuminated several ways in which evaluators can improve their data collection practices and improve the measurements of outcomes for programs such as the one evaluated here.

- 1) *Evaluations measuring recidivism should have a follow-up period of at least one year.*** Recidivism definitions vary largely from organization to organization and evaluation to evaluation. Even so, it seems that the 6-month follow-up used for this evaluation may have been too short. This time-period was based on the goals Twin Falls County Adult Misdemeanor Probation set forth for their grant funding and represented the agency's goals for tracking during the grant period. This is useful yet could have been enhanced by completing a longer follow-up for each client to observe how long effects of the program may last or if there are delayed effects.
- 2) *Evaluators should establish a comparison group and assure all relevant information is or can be collected about this group.*** To measure impact on recidivism more completely, a suitable comparison group needs to be established early and steps should be taken to collect relevant data. This evaluation suffered from lack of information, particularly for the control group. While some data was gleaned from the public iCourt database, this left holes and questions of validity and reliability. Substance abuse was also assumed based on charges entered into iCourt rather than reported. More complete data on these individuals would have allowed for better matching, more valid results, and a more rigorous study overall.

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APPENDIX B. TABLES

Table 1. Categorical Demographics of Clients screened into program

Category/Type	Frequency	Percent	
Gender			
Females	26	27.7%	
Males	68	72.3%	
Education Level			
Less than high school	36	38.3%	
High school diploma or GED	38	40.4%	
Some college	14	14.9%	
Associate degree	2	21.0%	
Bachelor's degree	2	21.0%	
Professional certification	2	21.0%	
Employment			
Unemployed	28	29.8%	
Disabled	8	8.5%	
Part Time	14	14.9%	
Full Time	44	46.8%	
Current Offense*			
DUI	34	36.2%	
Possession of Marijuana	15	16.0%	
Possession of a Controlled Substance	11	12.0%	
DUI - Excessive	9	9.6%	
Drug Paraphernalia	6	6.4%	
Battery	5	5.3%	
Domestic Battery	3	3.2%	
DUI – Multiple Charges	3	3.2%	
DWOP	3	3.2%	
Resisting and Obstructing	2	2.1%	
Controlled Substance - Frequenting	2	2.1%	
Public Drunkenness	1	1.1%	
Theft by receiving/possessing stolen property	1	1.1%	
Petit Theft	1	1.1%	
Inattentive Driving	1	1.1%	
Leaving the Scene of an Accident	1	1.1%	
Malicious Injury to Property	1	1.1%	

*Current offense percentages may not add up to 100% as multiple charges could be recorded. Three DUI offenses were recorded as multiple DUIs and 5 other clients had two offenses recorded.



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